

Application for Disabled Access Appeals Board Hearing

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Case No.	Meeting Date	
Project Address	Plan File No.	
Owner	Telephone Including Area Code	
Appellant	Telephone Including Area Code	
Mailing Address		
Request:		
Proposal:		
Evidence Submitted:		
Signature of Appellant:	Signature of Owner:	
To Be Filled Ou	IT BY DEPARTMENT	
Status of Job	Occupancy	
Type	Zone	Permit
Points of variance with code:		
Tollito di Validito Will Code.		
Board Action:		
		Mattar Building and Safety

This information is available in alternative formats by request to the Development Services Center at (562) 570-6651 or (562) 570-6793 TDD - Visit our website at www.longbeach.gov/plan